

## Guide to 2000 Open Enrollment for 2001

# DEPUTY SHERIFF BENEFITS

Open enrollment is your opportunity to change your benefit coverage for the upcoming year.

This guide includes:

- Descriptions of your benefits and enrollment options (lettered sections of the guide correspond to lettered sections of your open enrollment form)
- Information on health and dependent care flexible spending accounts (FSAs) and an FSA enrollment form (if you're currently enrolled in an FSA you must reenroll to continue participating in 2001)
- A Resource Directory on the last page with websites to visit and phone numbers to call if you have questions!

Please review this guide with your family and decide if you want to make any changes. If you:

- Need to correct any personal data on your open enrollment form (name spelling, address, etc.), contact your Sheriffs' Office Personnel Unit
- Don't make any changes to your benefit coverage and don't enroll/reenroll in an FSA, simply keep all materials for reference
- Make benefit changes or enroll/reenroll in an FSA for January 1, 2001, return your open enrollment and FSA forms by **NOVEMBER 1** to:

Benefits & Well-Being  
Exchange Bldg MS EXC-HR-1030  
821 Second Avenue  
Seattle 98104-1598

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*This guide is not a complete description of each plan. More details about each benefit are in your plan booklets. Copies are available at [www.metrokc.gov/ohrm/benefits/all/bookacc.htm](http://www.metrokc.gov/ohrm/benefits/all/bookacc.htm). Although we've made every effort to ensure this guide is accurate, provisions of the official plan documents and contracts will govern in the case of any discrepancy. As explained in your plan booklets, the benefit program is subject to review and may be modified or terminated at any time for any reason. This guide does not create a contract of employment between King County and any employee.*



## Section A: Medical/Vision

During this open enrollment, you may change medical/vision plans.

When reviewing your different medical/vision plan options, consider:

- Providers come and go from all plans. If continuing coverage with your current providers is important to you, check to see the plans in which they'll participate next year and change medical/vision plans if necessary.
- There are no major changes to any of the plan benefits, but in 2001:
  - Chemical dependency coverage increases to \$10,326 for all plans
  - PacifiCare drops providers in Kitsap and Walla Walla counties; eliminates the \$20 copay for smoking cessation; covers bariatric surgery for obesity and enteral feedings if certain criteria are met
  - Group Health offers expanded alternative care services on a discounted, fee-for-service basis through its new Complimentary Choices network
- LEOFF I employees receive additional benefits under some of the plans -- generally, illnesses and injuries on and off the job are covered. For all other employees, Workers' Compensation generally covers on-the-job injuries.

The following tables summarize and compare medical plans. For more details, including exclusions, limitations or pre-authorization requirements, contact the providers (see Resource Directory on last page) or refer to the plan booklets (check [www.metrokc.gov/ohrm/benefits/all/bookacc.htm](http://www.metrokc.gov/ohrm/benefits/all/bookacc.htm)).

Plan Feature	Regence BlueShield	PacifiCare HMO	Group Health
<b>Annual deductible</b>	\$100/person; \$300/family	None	None
<b>Copay/office visit</b>	None	\$5	\$7
<b>After deductible/copays, plan pays most covered expenses at ...</b>	80% - 100%	100%	100%
<b>Until you reach your annual out-of-pocket expenses of ... then most expenses are paid at 100% for rest of year</b>	\$375/person (excluding deductible)	\$500/person; \$1,000/family	\$1,000/person; \$2,000/family
<b>Lifetime max</b>	\$1,000,000	No limit	No limit
<b>Requires primary care physician (PCP)</b>	No	Yes	Yes
<b>Additional benefits for LEOFF 1 employees with occupational injuries</b>	None	None	100% emergency; ambulance care; skilled nursing facility care up to 30 days/condition
<b>Alternative care</b>	Not covered	100% after \$5 copay/visit	100% after \$7 copay/visit
<b>Ambulance services</b>	80%	100%	80% (100% for LEOFF 1 with occupational injuries)
<b>Chemical dependency treatment</b>	\$10,326 max/ 24 months	\$10,326 max/ 24 months	\$10,326 max/ 24 months
<b>-- inpatient</b>	100%	100%	100%
<b>-- outpatient</b>	100%	100%	100% after \$7 copay/visit

Plan Feature	Regence BlueShield	PacifiCare HMO	Group Health
<b>Chiropractic care</b>	100%	100% after \$5 copay when referred by PCP; 100% after \$10 copay/visit up to 33 visits/year when self-referred (must see a network provider)	100% after \$7 copay/visit when medically necessary
<b>Circumcision</b>	100%	100%	100%
<b>Diabetes care training</b>	100%	100%	100% after \$7 copay/visit
<b>Durable medical equipment and diabetic equipment</b>	80%	100%	80%
<b>Emergency care</b> (in an emergency room)	80% after \$25 copay (waived for accidental injury, surgery or if directly admitted)	100% after \$50 copay/visit (waived if admitted)	100% after \$50 copay/visit if Group Health facility; 100% after \$100 copay/visit if non-Group Health facility (waived if admitted; waived for LEOFF 1 with occupational injuries)
<b>Family planning</b>	Covered at various levels; call plan for details	100%	Covered at various levels; call plan for details
<b>Home health</b>	90% up to 130 visits/year	100% up to 130 visits/year	100%
<b>Hospice care</b>	90% (the greater of 6 months or \$10,000 lifetime max)	100% (6-month lifetime max)	100% (limits apply; call plan for details)
<b>Hospital care</b>	80% inpatient and outpatient (inpatient subject to pre-admission approval)	100%	100%
<b>Lab, x-rays and other diagnostic testing</b>	100% physician services; 80% hospital services	100% (includes mammograms, prenatal tests)	100%
<b>Manipulative therapy</b> (including chiropractic services)	See chiropractic care	See chiropractic care	100% after \$7 copay/visit
<b>Maternity care</b>			
-- <b>delivery and related hospital care</b>	100% physician services; 80% hospital services	100% after \$10 copay/pregnancy	100%
-- <b>prenatal and postpartum care</b>	100% physician services; 80% hospital services	100% after \$10 copay/pregnancy	100% after \$7 copay/visit
<b>Mental health care</b>			
-- <b>inpatient</b>	100% up to 8 days/year	100% up to 30 days/year; 100% residential and day treatment (also subject to inpatient max; each day of care counts as half an inpatient day)	80% up to 12 days/year
-- <b>outpatient</b>	50% up to 12 visits/year	100% after \$5 copay/visit up to 30 visits/year	100% after \$20 copay/individual, family or couple/visit and \$10 copay/group session up to 20 visits/year

Plan Feature	Regence BlueShield	PacifiCare HMO	Group Health
<b>Neurodevelopmental therapy</b> (for children age 6 and under)			
-- inpatient	80% up to \$2,000 annual benefit max	100%	100% up to 60 days/condition/year
-- outpatient	80% up to \$2,000 annual benefit max	100% after \$10 copay/visit up to 60 visits/condition	100% after \$7 copay/visit up to 60 visits/condition/year
<b>Newborn care</b> (up to at least 3 weeks as mandated by state law)	100% physician services; 80% hospital services	Covered at various levels; call plan for details	Covered at various levels; call plan for details
<b>Physician and other medical and surgical services*</b>	100% physician services in an office, home, hospital or skilled nursing facility; 100% physician services for surgery; 100% lab and x-ray	100% inpatient; 100% outpatient after \$5 copay/visit	100% inpatient; 100% outpatient after \$7 copay/visit
<b>PKU formula</b>	100%	100%	100%
<b>Prescription drugs</b>			
-- network (must use participating pharmacies)	100% generic; 80% brand	100% after \$5 copay/prescription or refill; 30-day supply at network pharmacies	100% after \$5 copay/prescription or refill; 30-day supply at Group Health pharmacy
-- mail order	Not available	100% after \$10 copay/90-day supply	100% after \$5 copay/30-day supply
<b>Preventive care</b> (such as routine exams and immunizations)	100%	100% after \$5 copay/visit	100% after \$7 copay/visit
<b>Radiation therapy, chemotherapy and respiratory therapy</b>	100% for radiation and chemotherapy; for respiratory therapy see home health, hospice or hospital care sections	100%	100% after \$7 copay/visit
<b>Rehabilitative services</b>			
-- inpatient	100% up to \$50,000/condition	100%	100% up to 60 days/condition/year
-- outpatient	80% up to \$2,000/year	100% after \$10 copay/visit up to 60 days or visits/condition/year	100% after \$7 copay up to 60 visits/condition
<b>Skilled nursing facility</b>	100% up to \$50,000/condition	100% up to 150 days lifetime max/condition (must be in place of a hospital stay)	100% for LEOFF 1 with occupational injuries up to 30 days/condition; not covered for LEOFF 2
<b>Smoking cessation</b>	75% (lifetime max of \$500)	100%	100% for sessions (limited to 1 program/year); 100% or \$5 copay/30-day supply, whichever is less, for nicotine replacement (limited to 1 course of therapy/year)
<b>Sterilization procedures</b>	100%	100%	100% after \$7 copay/visit
<b>Supplemental accident benefits</b>	100% up to \$600/injury (deductible does not apply)	Not covered	Not covered

\* Your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). Call the medical plans for more information.

Plan Feature	Regence BlueShield	PacifiCare HMO	Group Health
<b>TMJ</b>	Not covered	Not covered	Up to \$1,000 max/person/year in plan payments; lifetime max of \$5,000/person
<b>Tooth injury</b>	100% physician/dentist/denturist services; 80% hospital services (up to \$600/injury; deductible does not apply)	100%	Not covered
<b>Transplants</b> (certain transplants/services only)	100% physician and travel expenses; 80% hospital services; (donor organ procurement costs up to \$25,000; travel expenses up to \$2,500/transplant)	100% up to \$500,000 lifetime max	100%
<b>Urgent care</b>	Covered at various levels; call plan for details	100% after \$5 copay/visit	100% after \$7 copay/visit
<b>Vision care</b>			
-- <b>eye exams</b>	100% for 1 exam/calendar year (deductible does not apply)	100% for 1 exam every 12 months (participating providers)	100% after \$7 copay for 1 exam every 12 consecutive months (must use Group Health providers)
-- <b>eyeglasses</b> (frames and lenses)	Allowance/lens (max of 2 separate lenses/calendar year): Single vision \$20 Bifocal \$30 Trifocal \$40 Lenticular or aphakic \$65 Frames (every 2 years) \$30	100% for 1 pair of glasses and frames/person/24 months (participating providers); 100% to max allowable benefit of \$100 (non-participating providers)	Not covered
-- <b>contact lenses</b> (instead of glasses)	Medically necessary, up to \$100/lens provided only for aphakia or if vision is correctable to 20/70 or better only by use of contact lenses; if cosmetic, single lens allowance applies (deductible does not apply)	100% up to \$100 for standard contacts (benefits limited to once every 24 months)	Not covered

## Section B: Dental

The county provides your dental coverage through Washington Dental Service (WDS). There are no enrollment options to consider and plan benefits remain the same for 2001. However, WDS has redesigned its website to provide more services, including access to personalized benefit information ([www.deltadentalwa.com/benefits/login.asp](http://www.deltadentalwa.com/benefits/login.asp)).

The plan increases your payment levels through its incentive program when you regularly see your dentist. For diagnostic and preventive services as well as basic and restorative services, the payment level starts at 70% and increases 10% for each calendar year until you reach 100% (as long as you visit your dentist each year). If you do not see the dentist during the calendar year, your payment level is reduced to the next lower payment level, but never below 70%.

The following table summarizes dental benefits. For more details, including exclusions, limitations or pre-authorization requirements, contact WDS (see Resource Directory on last page) or refer to your plan booklet (check [www.metrokc.gov/ohrm/benefits/all/bookacc.htm](http://www.metrokc.gov/ohrm/benefits/all/bookacc.htm)).

Washington Dental Service	
<b>Annual deductible</b>	None, but you and each covered family member pay coinsurance (if any), amounts in excess of usual and customary rates (unless you see a participating dentist) and expenses for services not covered.
<b>Annual max benefit</b> (doesn't apply to orthodontic or TMJ services)	\$2,500/person
Covered Expenses	Plan Pays
<b>Diagnostic and preventive services</b> (1 exam and cleaning every 6 months, complete x-rays every 3 years, supplemental bitewing x-rays every 6 months)	70% - 100% based on your incentive level; see dental booklet for details
<b>Basic services</b> (fillings, stainless steel crowns, extractions, root canals)	70% - 100% based on your incentive level; see dental booklet for details
<b>Major services – restorative</b> (crowns, onlays, fixed bridges)	70% - 100% based on your incentive level; see dental booklet for details
<b>Major services – prosthodontics</b> (dentures, implants)	70%
<b>Orthodontic services</b> (for adults and children)	60%, up to a \$2,500 lifetime benefit max
<b>Orthognathic surgery</b>	70% up to a \$5,000 lifetime benefit max
<b>Accidental injury</b>	100%

## **Section C: Basic Life Insurance for You**

There are no enrollment options to consider and this county-paid benefit remains the same for 2001. If you die for any reason your beneficiaries receive \$6,000.

Section H on the back of your open enrollment form lets you update life insurance beneficiaries if needed (current beneficiaries are not preprinted on the form). For more details, contact Benefits & Well-Being (see Resource Directory on last page) or refer to your plan booklet (check [www.metrokc.gov/ohrm/benefits/all/bookacc.htm](http://www.metrokc.gov/ohrm/benefits/all/bookacc.htm)).

## **Section D: Basic Life Insurance for Family Members**

There are no enrollment options to consider and this county-paid benefit remains the same for 2001. If your spouse, domestic partner or child (14 days or older) dies, you receive \$1,000.

## **Section E: Enhanced Life Insurance for You**

During this open enrollment you may:

- Add enhanced coverage (evidence of insurability required)
- Drop your current enhanced coverage.

This optional self-paid benefit remains the same for 2001. You may purchase it in the amount of your base annual salary less \$6,000. Cost is \$.35/\$1,000/month in 2001-- unchanged from 2000.

An example to help you figure cost: If your base annual salary is \$40,000 and you elect enhanced life, your coverage is  $\$40,000 - \$6,000 = \$34,000$ . You pay  $34 \times \$0.35 = \$11.90$  each month.

## **Section F: AD&D Insurance for You**

There are no enrollment options to consider and this county-paid benefit remains the same for 2001. If you die in a covered accident your beneficiaries receive \$6,000. If you are dismembered or paralyzed you receive a portion of the amount depending on the type of loss.

Section I on the back of your open enrollment form lets you update AD&D insurance beneficiaries if needed (current beneficiaries are not preprinted on the form). For more details, contact Benefits & Well-Being (see Resource Directory on last page) or refer to your plan booklet (check [www.metrokc.gov/ohrm/benefits/all/bookacc.htm](http://www.metrokc.gov/ohrm/benefits/all/bookacc.htm)).

## Section G: Adding and Deleting Family Members

The following family members are eligible for coverage under your benefit plans when you enroll them:

- Spouse or domestic partner (Affidavit of Marriage/Domestic Partnership required; see the back of your open enrollment form)
- Unmarried children of you or your spouse who:
  - Are under 23 and chiefly dependent on you for support (generally, children claimed on your federal tax return)
  - Became disabled while covered under your benefit plans and are now dependent on you for support and maintenance (Request to Continue Benefit Coverage for Disabled Adult Child form required)
  - Are named in a qualified medical child support order (copy of QMCSO required).

During this open enrollment you may:

- Add eligible family members not previously covered. (List them and provide all information indicated, including additional documentation as required -- Affidavit of Marriage/Domestic Partnership, QMCSO, etc.)
- Delete family members from coverage. (Complete the delete sections of the form and provide all information indicated for each deleted family member to ensure COBRA information is sent to the family member, as required by law. Make extra copies of the delete section as needed. If you delete a spouse/domestic partner from coverage, complete the Termination of Marriage/Domestic Partnership Statement on page 11 and return it with your enrollment form.)

Under certain circumstances you may change your benefit coverage in the middle of the year (for example, if you acquire a new dependent ). For more details, contact Benefits & Well-Being (see Resource Directory on last page) or refer to your plan booklets (check [www.metrokc.gov/ohrm/benefits/all/bookacc.htm](http://www.metrokc.gov/ohrm/benefits/all/bookacc.htm)).

## Domestic Partner Taxable Values

There is no cost to cover family members, but when you cover a domestic partner and domestic partner's children for health benefits (medical/vision and dental) the IRS taxes you on the value of the coverage. To do this the value of the coverage is added to the salary shown on your paycheck (and W-2 at the end of the year) and federal income tax is withheld on the higher salary amount. Then the value is subtracted from your salary.

The table below gives the monthly taxable values of health benefits for a domestic partner and domestic partner's children in 2001. Dental benefits are included in the taxable values, but only medical/vision plans are listed -- they determine the value differences.

With This Medical/Vision Plan	DP Only	DP's Children	DP & DP's Children
Regence BlueShield	\$285.05	\$244.65	\$529.70
PacifiCare	\$282.55	\$228.93	\$511.48
Group Health	\$225.98	\$204.50	\$433.48



## Flexible Spending Accounts

During this open enrollment you may enroll in a flexible spending account (FSA). Even if you currently contribute to an FSA you must reenroll every year to continue participating. To enroll, complete the FSA enrollment form on the following page and return it to Benefits & Well-Being by **NOVEMBER 1**.

FSAs remain the same for 2001. With an FSA you pay certain expenses with pretax dollars, which means you do not pay federal or most local income taxes on the money you put into one of these accounts. As a result, your taxable income is reduced so your taxes are lower. You also do not pay Social Security (FICA) tax on this money, which means your FSA contributions may slightly reduce your wages reported for Social Security purposes.

The county offers two types of FSAs:

- Health Care FSAs reimburse you for some expenses not already covered by your health plans (for example, costs for a new crown not fully paid by the dental plan and copays for office visits)
- Dependent Care FSAs reimburse eligible day care expenses for your child or dependent parent while you or your spouse work.

In return for significant tax advantages the IRS restricts FSAs in important ways:

- The maximum that can be contributed to a Health Care FSA is \$3,000 per year. The maximum that can be contributed to a Dependent Care FSA is \$5,000 per year. The minimum that can be contributed to either FSA is \$300 per year.
- Health Care and Dependent Care FSAs are separate. The money you allocate for one cannot be used for the other and you cannot transfer dollars between accounts.
- You must use FSA money or you lose it. Any money left in an FSA that cannot be reimbursed is forfeited, so it's important to estimate annual expenses carefully before enrolling and set aside only as much as you expect to spend.
- Other than certain orthodontic expenses, expenses for services received during the calendar year are reimbursed from an FSA. You have a grace period of 90 days after year-end to file claims for reimbursement.
- You cannot use a Health Care FSA to pay expenses you claim as health care deductions on your income tax return.
- Each dollar of dependent care expenses reimbursed through a Dependent Care FSA reduces the amount you can claim for the federal dependent care tax credit.
- FSA contributions may affect Social Security benefits. Because you and the county don't pay Social Security (FICA) taxes on the money you contribute, your future Social Security benefits may be reduced slightly.

The IRS rules and the terms of the FSA plan govern eligible expenses. IRS Publication 502 describes the medical and dental expenses that may be reimbursed through a Health Care FSA. IRS Publication 503 describes child and dependent care expenses that may be reimbursed through a Dependent Care FSA. For more details, check [www.irs.gov/forms\\_pubs/pubs/index.htm](http://www.irs.gov/forms_pubs/pubs/index.htm) or call the IRS at 1-800-829-3676.

For additional information, contact Benefits & Well-Being and request an FSA booklet.

## Forms

Forms to update your insurance beneficiaries and document your marriage/domestic partnership are printed on the back of your open enrollment form. The next two pages of this guide contain forms to enroll in an FSA (page 10) and document a divorce or end of a domestic partnership (page 11).

If you need additional forms, please:

- Print them from King County e-mail's Public Folders/Human Resources/Benefits
- Print them from the Benefits & Well-Being website at [www.metrokc.gov/ohrm/benefits/all/formacc.htm](http://www.metrokc.gov/ohrm/benefits/all/formacc.htm) or
- Call 206-684-1556.

# King County Flexible Spending Account Enrollment Form - 2001 Plan Year

- Complete this form to enroll in a Health Care Flexible Spending Account (FSA), Dependent Care FSA or both. Even if you are currently enrolled, you must reenroll each year to continue your FSA participation.
- Return the form to Benefits & Well-Being, Mail Stop EXC-HR-1030, 821 Second Ave., Seattle 98104-1598 by **NOVEMBER 1**.

## Health Care Flexible Spending Account

The Health Care FSA allows you to use pretax dollars to pay for eligible medical expenses which are not 100% covered or are ineligible for payment through any group insurance plan(s) under which you or your spouse are covered. Please check your selection and complete the additional information if you elect to participate. Whether you are paid 24 or 26 times per year, 24 payroll deductions are taken each year for FSAs.

☐ No, I do not elect to participate.

☐ Yes, I elect to participate: \$ \_\_\_\_\_ / 24 payroll deductions = \$ \_\_\_\_\_  
Total Contribution for 2001 Contribution/Deduction  
(not to exceed \$3,000)

## Dependent Care Flexible Spending Account

The Dependent Care FSA allows you to use pretax dollars to pay for eligible dependent care expenses which enable you or your spouse (if applicable) to work or attend school on a full-time basis. Please check your selection and complete the additional information if you elect to participate. Whether you are paid 24 or 26 times per year, 24 payroll deductions are taken each year for FSAs.

☐ No, I do not elect to participate.

☐ Yes, I elect to participate: \$ \_\_\_\_\_ / 24 payroll deductions = \$ \_\_\_\_\_  
Total Contribution for 2001 Contribution/Deduction  
(not to exceed \$5,000)

## Authorization

*I authorize the above elections and the subsequent adjustments to my base annual salary. I am aware I have a grace period in which to submit reimbursement requests for expenses incurred during the plan year. Upon expiration of the grace period, any unused funds will be forfeited. I hereby acknowledge my pretax contributions are subject to change at King County's discretion in accordance with the terms of the plan. I understand I will be notified in advance of any changes. I understand my elections are binding for the entire plan year and cannot be altered, other than by King County, unless I experience a status change and I may experience future reductions in life, disability and Social Security benefits by participating in this flexible spending account plan.*

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Printed Name \_\_\_\_\_ Soc Sec No \_\_\_\_\_

Contact Phone (\_\_\_\_\_) \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail Address \_\_\_\_\_

Paydays ☐ 5<sup>th</sup> & 20<sup>th</sup> Each Month ☐ Every Other Thursday

## Termination of Marriage/Domestic Partnership Statement

- Complete this form to document a divorce or end of a domestic partnership.
- Return the form to Benefits & Well-Being, Mail Stop EXC-HR-1030, 821 Second Ave., Seattle 98104-1598.
- Please provide the address of the deleted spouse/domestic partner so COBRA information can be mailed to him/her.

Check one of the following boxes:

- ☐ The termination is due to the dissolution of our marriage on (date) \_\_\_\_\_.
- ☐ The termination is due to the termination of our domestic partnership on (date) \_\_\_\_\_.

*I (employee named below) affirm the affidavit of marriage/domestic partnership attested to and signed by me with my former spouse/domestic partner is terminated as of the date indicated above. I understand I must submit this statement of termination to King County and mail a signed copy to my surviving former spouse/domestic partner within 60 days of the termination. I certify under penalty of perjury, under the laws of the State of Washington, the foregoing is true and correct.*

**Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

Printed Name \_\_\_\_\_ Soc Sec No \_\_\_\_\_

Spouse/DP Name \_\_\_\_\_ Soc Sec No \_\_\_\_\_

Spouse/DP Address \_\_\_\_\_

*Forwarding address required for COBRA notification.*

## Resource Directory

Open Enrollment Questions ...	Contact ...
<b>General Benefits</b> <ul style="list-style-type: none"> <li>• Eligibility</li> <li>• Forms (which to use, where to get and how to complete them)</li> <li>• Flexible Spending Accounts</li> <li>• Life and AD&amp;D</li> </ul>	<b>Benefits &amp; Well-Being</b> -- 206-684-1556 <a href="http://www.metrokc.gov/ohrm/benefits">www.metrokc.gov/ohrm/benefits</a> Exchange Building Mail Stop EXC-HR-1030 821 Second Avenue, Seattle WA 98104-1598
<b>Medical/Vision</b> <ul style="list-style-type: none"> <li>• Providers (physicians, hospitals, etc.)</li> <li>• Filing claims</li> <li>• Other plan details (covered expenses, limitations, exclusions)</li> </ul>	<b>Regence BlueShield</b> -- 206-464-3663 or 1-800-544-4246 <a href="http://www.regence.com">www.regence.com</a> PO Box 21267, Seattle WA 98111-3267  <b>PacifiCare</b> -- 1-800-932-3004 <a href="http://www.pacificare.com">www.pacificare.com</a> PO Box 3005, Hillsboro OR 97123 <i>Prescription Solutions</i> mail order Rx for PacifiCare -- 1-800-562-6223  <b>Group Health</b> -- 206-901-4636 or 1-888-901-4636 <a href="http://www.ghc.org">www.ghc.org</a> PO Box 34585, Seattle WA 98124-1585
<b>Dental</b> <ul style="list-style-type: none"> <li>• WDS providers</li> <li>• Filing claims</li> <li>• Other plan details (covered expenses, limitations, exclusions)</li> </ul>	<b>Washington Dental Service</b> -- 206-522-2300 or 1-800-554-1907 <a href="http://www.deltadentalwa.com">www.deltadentalwa.com</a> PO Box 75688, Seattle WA 98125-0688
Other Benefit Questions ...	Contact ...
<b>Deferred Compensation</b>	<b>T. Rowe Price</b> -- 1-888-457-5770 <a href="http://rps.troweprice.com">http://rps.troweprice.com</a>
<b>Counseling &amp; Resource Referral</b> <ul style="list-style-type: none"> <li>• Personal, family and work problems</li> <li>• Child care, elder/adult care</li> <li>• Financial and legal matters</li> </ul>	<b>Making Life Easier</b> -- 1-888-874-7290 (24 hours a day, 7 days a week)
<b>Home Mortgage Assistance Program</b>	1-888-656-1733
<b>WA State Retirement System</b>	1-800-547-6657 <a href="http://www.wa.gov/drs/drs.html">www.wa.gov/drs/drs.html</a>
<b>Bus Pass</b>	<b>Department of Construction and Facility Management</b> 206-296-0550 or 206-292-0692
<b>Other Transportation Benefits</b>	<b>Employee Transportation Program</b> -- 206-263-4575
<b>Credit Unions</b>	<b>King County Credit Union</b> -- 206-382-1888 <a href="http://www.kccu.com">www.kccu.com</a>  <b>MetroPacific Community Credit Union</b> -- 206-623-6580 <a href="http://www.mpccu.org">www.mpccu.org</a>